

DEPOSIT ADJUSTMENT FORM

(NOTE: This form is for tax deposit adjustments within the same gaming week only if the adjustment is for a credit. Adjustments not made within the same gaming week require submission of a Claim for Refund or Credit Form to the Director for approval.)

This form is being submitted by _____, a Class A and/or Class B licensee (the "Licensee"), in compliance with 11 CSR 45-11.020, to the Missouri Gaming Commission as a request for an adjustment to gaming tax or admission fee deposit liability. The undersigned, an authorized agent for the Licensee, states the following:

1. The amounts listed below relate to a daily deposit tax or fee adjustment:

Gaming date: _____

Amount deposited: \$ _____

Amount due for deposit: \$ _____

Amount of over (under) payment to be adjusted within the tax period: \$ _____

Proposed gaming date for adjustment: _____

Type of tax or fee: _____

Reason for adjustment: _____

2. This deposit adjustment is being filed in duplicate and amended returns for all periods are attached hereto.

(signature)

(position)

(name typed)

(Licensee)

STATE OF MISSOURI)
) ss.
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, _____.

(SEAL)

Notary Public